

USING THIS REVISABLE PDF FORM

1. Copies -
 - a. Original - to Commissioner of Accounts.
 - b. Copy – to court
2. Prepared by personal representative(s) of the estate and signed and sworn to in front of a notary.
3. Attachments - none.
4. Preparation details –
 - a. This form is used when the entire estate has been distributed within 6 months of the death of the decedent (deceased person).
 - b. Review Virginia Code § 26-20.1 to determine the requirements for filing this form.
 - c. Page two needs to be completed only if the fiduciaries are required to mail the statement under Virginia Code § 26-12.4.

DATA ELEMENTS, page one

- 1.** Insert the court file number.
- 2.** Court name.
- 3.** Name of decedent.
- 4.** Date of decedent's death.
- 5.** Check the appropriate box to indicate if the decedent had a will.
- 6.** Names of fiduciaries (personal representatives of the estate).
- 7.** Check appropriate box to indicate if the decedent died with or without a will.
- 8.** List any specific bequests in the will and the name of the persons to whom those bequests are made.
- 9.** Check the appropriate box to indicate whether copies of this statement were sent to anyone who is entitled to a copy under Virginia Code § 26-12.4. If copies were mailed please complete page two.
- 10.** Signature of fiduciaries.

To be completed by a Notary Public:

- 11.** Location where form acknowledged.
- 12.** Name of fiduciary.
- 13.** Date when form was subscribed and sworn to.
- 14.** Signature of notary public.
- 15.** Date notary's commission expires.

DATA ELEMENTS, page two

1. Date copy was mailed to recipients listed.
2. Signatures of fiduciaries.
3. Name of recipient (person to whom the statement was mailed).
4. Recipient's address. Insert the address to which a copy of the statement was mailed.

STATEMENT IN LIEU OF SETTLEMENT OF
ACCOUNT FOR DECEDENT'S ESTATE
PURSUANT TO VIRGINIA CODE § 26-20.1
COMMONWEALTH OF VIRGINIA

Court File No. 1

Circuit Court of 2
Estate of 3, Deceased.
Date of death 4 Decedent died [] with [] without a will.
Name of fiduciary 6
Name of other fiduciary

STATEMENT UNDER OATH

Before me, the undersigned authority, on this day personally appeared the undersigned affiant(s) who, after being placed under oath by me, stated as follows:

[Check the applicable alternative in Part 1.]

1. [] That the above-named Decedent died without a will, that I/we am/are the only distributee(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

or

7 [] That above-named Decedent died with a will, that I/we am/are the only residuary beneficiary(s) of the Decedent's estate, and that I/we serve as personal representative(s) of the estate,

2. That all known charges against the Decedent's estate have been paid, and

3. Specific bequests in Will distributed to (attach receipts):

NAME

DESCRIPTION OF BEQUEST

8

4. That six months have elapsed since the personal representative(s) qualified in the Clerk's Office.

5. In addition to the foregoing statements under oath, I (we) hereby certify and affirm that (choose one):

9 A. [] On or before the date of filing this Statement with the Commissioner of Accounts, I(we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 26-12.4, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 2.

OR

B. [] No person entitled to a copy of this Statement pursuant to Virginia Code Section 26-12.4 made a written request therefor.

6. That the residue of the estate has been delivered to the distributees or beneficiaries.

Signature 10 Signature 10

Commonwealth of Virginia: 11 Commonwealth of Virginia: 11

City/County of 11 City/County of 11

Subscribed and sworn to before me by

12 12

Date: 13 Date: 13

Notary Public 14 Notary Public 14

My commission expires: 15 My commission expires: 15

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing STATEMENT IN LIEU OF SETTLEMENT
OF ACCOUNT FOR DECEDENT’S ESTATE to the following individuals on this the day of 20.....

2

Executor/Administrator

2

Executor/Administrator

2

Executor/Administrator

3		
Name of Recipient		
4		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Add pages as necessary.